

# Benefit Options

Choice. Value. Health.

## STATE OF ARIZONA BENEFIT OPTIONS RETIREE/LTD ENROLLMENT/CHANGE FORM 2007

☐ NEW RETIREE ☐ NEW LTD PARTICIPANT ☐ ADDRESS CHANGE  
☐ QUALIFIED LIFE EVENT ☐ TERMINATE INSURANCE

☐ RETIRED ☐ DISABLED  
☐ SURVIVING SPOUSE

**Retirement System**  
☐ ASRS (ZA) ☐ PSPRS, CORP, EORP (ZP) ☐ OPTIONAL (ZT)

EFFECTIVE DATE:

DECEASED MEMBERS NAME:

DECEASED DATE:

### MEMBER IDENTIFICATION

LAST NAME, FIRST NAME, M.I.

EIN or SSN

☐ MALE

☐ MARRIED

DATE OF BIRTH

☐ FEMALE

☐ SINGLE

STREET ADDRESS

CITY, STATE

ZIP CODE

COUNTY (IF AZ)

HOME PHONE NUMBER

LAST DAY WORKED

DATE RETIRED

AGENCY

### DEPENDENTS MUST BE LISTED FOR FAMILY COVERAGE

FIRST NAME, M.I.  LAST NAME (ONLY IF DIFFERENT THAN EMPLOYEE)	MEDICARE A=Medicare A B=Medicare B C=Medicare A & B D=Medicare Unknown E=No Medicare	RELATIONSHIP CODE S=Spouse C=Child G=Guardian P=Placed for adoption T=Stepchild	DATE OF BIRTH Required	SOCIAL SECURITY NUMBER (Required)	PACIFICARE/DENTIST PCP ID REQUIRED	MALE OR FEMALE M OR F	FULL TIME STUDENT Y OR N	DISABLED Y OR N	ADD OR DELETE A OR D
MEMBER									
02 SPOUSE	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> S							
03	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> C <input type="checkbox"/> G <input type="checkbox"/> P <input type="checkbox"/> T							
04	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> C <input type="checkbox"/> G <input type="checkbox"/> P <input type="checkbox"/> T							
05	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> C <input type="checkbox"/> G <input type="checkbox"/> P <input type="checkbox"/> T							

VISION PLAN SELECTION - ONLY AVAILABLE IF MEDICAL AND/OR DENTAL COVERAGE IS SELECTED

☐ I DECLINE VISION COVERAGE (WVIS) - ONCE DECLINED, CANNOT RE-ENROLL

Annual Premium Amounts	Option Code	Retiree Only	Option Code	Retiree & Dependent(s)
Avesis	07	<input type="checkbox"/> \$107.52	08	<input type="checkbox"/> \$225.84

### DENTAL PLAN SELECTION

☐ I DECLINE DENTAL COVERAGE (WDNT) - ONCE DECLINED, CANNOT RE-ENROLL

Monthly Premium Amounts	Option Code	Retiree Only	Option Code	Retiree & Dependent(s)
Delta Dental	03	<input type="checkbox"/> \$32.44	04	<input type="checkbox"/> \$105.89
Metlife	07	<input type="checkbox"/> \$28.30	08	<input type="checkbox"/> \$88.50
Employers Dental Services (EDS)	09	<input type="checkbox"/> \$10.20	10	<input type="checkbox"/> \$29.66
Assurant Dental (FORTIS)	01	<input type="checkbox"/> \$10.86	02	<input type="checkbox"/> \$29.52

# STATE OF ARIZONA BENEFIT OPTIONS RETIREE/LTD ENROLLMENT/CHANGE FORM 2007

MEDICAL COVERAGE - MARK APPROPRIATE BOX

## MEMBER WITHOUT MEDICARE

☐ I DECLINE MEDICAL COVERAGE (WHLT) ONCE DECLINED, CANNOT RE-ENROLL

Monthly Premium Amounts	Plan Code	Option Code	Retiree Only	Option Code	Retiree & Dependents
<b>MARICOPA COUNTY</b>					
RAN+AMN (HMA) EPO	HMRM	07	<input type="checkbox"/> \$445.81	08	<input type="checkbox"/> \$1104.81
Schaller Anderson Healthcare (SA) EPO	SARM	01	<input type="checkbox"/> \$445.81	02	<input type="checkbox"/> \$1104.81
UnitedHealthcare (UHC) EPO	UHRM	13	<input type="checkbox"/> \$445.81	14	<input type="checkbox"/> \$1104.81
Arizona Foundation (AZF) PPO	AFRM	25	<input type="checkbox"/> \$722.91	26	<input type="checkbox"/> \$1763.81
UnitedHealthcare (UHC) PPO	UHRM	19	<input type="checkbox"/> \$722.91	20	<input type="checkbox"/> \$1763.81
<b>PINAL COUNTY</b>					
RAN+AMN (HMA) EPO	HMRN	27	<input type="checkbox"/> \$445.81	28	<input type="checkbox"/> \$1104.81
Schaller Anderson Healthcare (SA) EPO	SARN	45	<input type="checkbox"/> \$445.81	46	<input type="checkbox"/> \$1104.81
UnitedHealthcare (UHC) EPO	UHRN	33	<input type="checkbox"/> \$445.81	34	<input type="checkbox"/> \$1104.81
Arizona Foundation (AZF) PPO	AFRG	69	<input type="checkbox"/> \$722.91	70	<input type="checkbox"/> \$1763.81
UnitedHealthcare (UHC) PPO	UHRN	39	<input type="checkbox"/> \$722.91	40	<input type="checkbox"/> \$1763.81
<b>Rural Northern Region - YAVAPAI and COCONINO COUNTIES</b>					
RAN+AMN (HMA) EPO	HMRR	55	<input type="checkbox"/> \$589.98	56	<input type="checkbox"/> \$1465.24
Schaller Anderson Healthcare (SA) EPO	SARY	21	<input type="checkbox"/> \$589.98	22	<input type="checkbox"/> \$1465.24
Arizona Foundation (AZF) PPO	AFRR	81	<input type="checkbox"/> \$755.12	82	<input type="checkbox"/> \$1881.40
<b>APACHE, MOHAVE, and NAVAJO COUNTIES</b>					
RAN+AMN (HMA) EPO	HMRZ	61	<input type="checkbox"/> \$589.98	62	<input type="checkbox"/> \$1465.24
Schaller Anderson Healthcare (SA) EPO	SARR	27	<input type="checkbox"/> \$589.98	28	<input type="checkbox"/> \$1465.24
Arizona Foundation (AZF) PPO	AFRY	01	<input type="checkbox"/> \$755.12	02	<input type="checkbox"/> \$1881.40
<b>COCHISE, GRAHAM, GREENLEE, LA PAZ, YUMA COUNTIES</b>					
RAN+AMN (HMA) EPO	HMRE	65	<input type="checkbox"/> \$589.98	66	<input type="checkbox"/> \$1465.24
Schaller Anderson Healthcare (SA) EPO	SARE	83	<input type="checkbox"/> \$589.98	84	<input type="checkbox"/> \$1465.24
Arizona Foundation (AZF) PPO	AFRR	81	<input type="checkbox"/> \$755.12	82	<input type="checkbox"/> \$1881.40
<b>GILA COUNTY</b>					
RAN+AMN (HMA) EPO	HMRG	01	<input type="checkbox"/> \$445.81	02	<input type="checkbox"/> \$1104.81
Schaller Anderson Healthcare (SA) EPO	SARG	07	<input type="checkbox"/> \$445.81	08	<input type="checkbox"/> \$1104.81
UnitedHealthcare (UHC) EPO	UHRG	03	<input type="checkbox"/> \$445.81	04	<input type="checkbox"/> \$1104.81
Arizona Foundation (AZF) PPO	AFRN	09	<input type="checkbox"/> \$722.91	10	<input type="checkbox"/> \$1763.81
UnitedHealthcare (UHC) PPO	UHRG	05	<input type="checkbox"/> \$722.91	06	<input type="checkbox"/> \$1763.81
<b>PIMA COUNTY</b>					
RAN+AMN (HMA) EPO	HMRP	41	<input type="checkbox"/> \$432.52	42	<input type="checkbox"/> \$1070.05
Schaller Anderson Healthcare (SA) EPO	SARP	35	<input type="checkbox"/> \$432.52	36	<input type="checkbox"/> \$1070.05
UnitedHealthcare (UHC) EPO	UHRP	47	<input type="checkbox"/> \$432.52	48	<input type="checkbox"/> \$1070.05
Arizona Foundation (AZF) PPO	AFRP	59	<input type="checkbox"/> \$665.65	60	<input type="checkbox"/> \$1602.77
UnitedHealthcare (UHC) PPO	UHRP	53	<input type="checkbox"/> \$665.65	54	<input type="checkbox"/> \$1602.77
<b>SANTA CRUZ COUNTY</b>					
RAN+AMN (HMA) EPO	HMRS	71	<input type="checkbox"/> \$432.52	72	<input type="checkbox"/> \$1070.05
Schaller Anderson Healthcare (SA) EPO	SARS	77	<input type="checkbox"/> \$432.52	78	<input type="checkbox"/> \$1070.05
UnitedHealthcare (UHC) EPO	UHRS	83	<input type="checkbox"/> \$432.52	84	<input type="checkbox"/> \$1070.05
Arizona Foundation (AZF) PPO	AFRS	75	<input type="checkbox"/> \$665.65	76	<input type="checkbox"/> \$1602.77
UnitedHealthcare (UHC) PPO	UHRS	89	<input type="checkbox"/> \$665.65	90	<input type="checkbox"/> \$1602.77
<b>OUT-OF-STATE</b>					
Beech Street PPO	BSRO	87	<input type="checkbox"/> \$774.03	88	<input type="checkbox"/> \$1925.37
<b>NAU Only - Available in ALL Regions</b>					
Blue Cross/Blue Shield of AZ PPO	BCSR	93	<input type="checkbox"/> \$540.92	94	<input type="checkbox"/> \$1389.74

### MEMBER WITH MEDICARE A and/or B

☐ I HAVE MEDICARE PART A ☐ I HAVE MEDICARE PART B - ATTACH COPY OF MEDICARE CARD

☐ I DECLINE MEDICAL COVERAGE (WHLT) ONCE DECLINED, CANNOT RE-ENROLL

## Monthly Premium Amounts

	Plan Code	Option Code	Retiree Only with Medicare	Option Code	Retiree & Spouse or Dependent with Medicare	Option Code	Retiree & Spouse: One with Medicare, the other without	Option Code	Retiree and/or Spouse with Medicare; Dependents without
<b>MARICOPA COUNTY, INCLUDES APACHE JUNCTION</b>									
RAN+AMN (HMA) EPO	HMRM	09	<input type="checkbox"/> \$338.98	10	<input type="checkbox"/> \$673.29	11	<input type="checkbox"/> \$778.81	12	<input type="checkbox"/> \$885.99
Schaller Anderson (SA) EPO	SARM	03	<input type="checkbox"/> \$338.98	04	<input type="checkbox"/> \$673.29	05	<input type="checkbox"/> \$778.81	06	<input type="checkbox"/> \$885.99
UnitedHealthcare (UHC) EPO	UHRM	15	<input type="checkbox"/> \$338.98	16	<input type="checkbox"/> \$673.29	17	<input type="checkbox"/> \$778.81	18	<input type="checkbox"/> \$885.99
Arizona Foundation (AZF) PPO	AFRM	27	<input type="checkbox"/> \$612.29	28	<input type="checkbox"/> \$1,219.93	29	<input type="checkbox"/> \$1,328.82	30	<input type="checkbox"/> \$1,537.38
UnitedHealthcare (UHC) PPO	UHRM	21	<input type="checkbox"/> \$612.29	22	<input type="checkbox"/> \$1,219.93	23	<input type="checkbox"/> \$1,328.82	24	<input type="checkbox"/> \$1,537.38
PacifiCare Secure Horizons High	PCRM	31	<input type="checkbox"/> \$258.02	32	<input type="checkbox"/> \$511.94	33	<input type="checkbox"/> \$738.37	34	<input type="checkbox"/> \$862.90
PacifiCare Secure Horizons Low	PCLM	70	<input type="checkbox"/> \$149.81	71	<input type="checkbox"/> \$295.52	72	<input type="checkbox"/> \$573.00	73	<input type="checkbox"/> \$604.74
<b>PINAL COUNTY</b>									
RAN+AMN (HMA) EPO	HMRN	29	<input type="checkbox"/> \$338.98	30	<input type="checkbox"/> \$673.29	31	<input type="checkbox"/> \$778.81	32	<input type="checkbox"/> \$885.99
Schaller Anderson (SA) EPO	SARN	47	<input type="checkbox"/> \$338.98	48	<input type="checkbox"/> \$673.29	49	<input type="checkbox"/> \$778.81	50	<input type="checkbox"/> \$885.99
UnitedHealthcare (UHC) EPO	UHRN	35	<input type="checkbox"/> \$338.98	36	<input type="checkbox"/> \$673.29	37	<input type="checkbox"/> \$778.81	38	<input type="checkbox"/> \$885.99
Arizona Foundation (AZF) PPO	AFRG	71	<input type="checkbox"/> \$612.29	72	<input type="checkbox"/> \$1,219.93	73	<input type="checkbox"/> \$1,328.82	74	<input type="checkbox"/> \$1,537.38
UnitedHealthcare (UHC) PPO	UHRN	41	<input type="checkbox"/> \$612.29	42	<input type="checkbox"/> \$1,219.93	43	<input type="checkbox"/> \$1,328.82	44	<input type="checkbox"/> \$1,537.38
PacifiCare Secure Horizons High	PCRN	51	<input type="checkbox"/> \$258.02	52	<input type="checkbox"/> \$511.94	53	<input type="checkbox"/> \$738.34	54	<input type="checkbox"/> \$862.90
PacifiCare Secure Horizons Low	PCLN	74	<input type="checkbox"/> \$149.81	75	<input type="checkbox"/> \$295.52	76	<input type="checkbox"/> \$573.00	77	<input type="checkbox"/> \$604.74
<b>COCONINO, and YAVAPAI COUNTIES</b>									
RAN+AMN (HMA) EPO	HMRR	57	<input type="checkbox"/> \$455.36	58	<input type="checkbox"/> \$906.07	59	<input type="checkbox"/> \$1,038.96	60	<input type="checkbox"/> \$1,190.64
Schaller Anderson (SA) EPO	SARY	23	<input type="checkbox"/> \$455.36	24	<input type="checkbox"/> \$906.07	25	<input type="checkbox"/> \$1,038.96	26	<input type="checkbox"/> \$1,190.64
Arizona Foundation (AZF) PPO	AFRR	83	<input type="checkbox"/> \$612.29	84	<input type="checkbox"/> \$1,219.93	85	<input type="checkbox"/> \$1,360.77	86	<input type="checkbox"/> \$1,590.62
PacifiCare Secure Horizons High	PCRY	41	<input type="checkbox"/> \$385.60	42	<input type="checkbox"/> \$767.10	43	<input type="checkbox"/> \$865.90	44	<input type="checkbox"/> \$1,032.50
PacifiCare Secure Horizons Low	PCLY	78	<input type="checkbox"/> \$223.10	79	<input type="checkbox"/> \$442.10	80	<input type="checkbox"/> \$646.30	81	<input type="checkbox"/> \$675.93
<b>APACHE, MOHAVE, and NAVAJO COUNTIES</b>									
Arizona Foundation (AZF) PPO	AFRY	03	<input type="checkbox"/> \$612.29	04	<input type="checkbox"/> \$1,219.93	05	<input type="checkbox"/> \$1,360.77	06	<input type="checkbox"/> \$1,590.62
<b>COCHISE, GRAHAM, GREENLEE, LA PAZ AND YUMA COUNTIES</b>									
RAN+AMN (HMA) EPO	HMRE	67	<input type="checkbox"/> \$455.36	68	<input type="checkbox"/> \$906.07	69	<input type="checkbox"/> \$1,038.96	70	<input type="checkbox"/> \$1,190.64
Schaller Anderson (SA) EPO	SARE	85	<input type="checkbox"/> \$455.36	86	<input type="checkbox"/> \$906.07	87	<input type="checkbox"/> \$1,038.96	88	<input type="checkbox"/> \$1,190.64
Arizona Foundation (AZF) PPO	AFRR	83	<input type="checkbox"/> \$612.29	84	<input type="checkbox"/> \$1,219.93	85	<input type="checkbox"/> \$1,360.77	86	<input type="checkbox"/> \$1,590.62
PacifiCare Secure Horizons High	PCRE	61	<input type="checkbox"/> \$385.60	62	<input type="checkbox"/> \$767.10	63	<input type="checkbox"/> \$865.90	64	<input type="checkbox"/> \$1,032.50
PacifiCare Secure Horizons Low	PCLC	82	<input type="checkbox"/> \$223.10	83	<input type="checkbox"/> \$442.10	84	<input type="checkbox"/> \$646.30	85	<input type="checkbox"/> \$675.93
<b>GILA COUNTY</b>									
Arizona Foundation (AZF) PPO	AFRN	11	<input type="checkbox"/> \$612.29	12	<input type="checkbox"/> \$1,219.93	13	<input type="checkbox"/> \$1,328.82	14	<input type="checkbox"/> \$1,537.38
<b>PIMA COUNTY</b>									
RAN+AMN (HMA) EPO	HMRP	43	<input type="checkbox"/> \$327.21	44	<input type="checkbox"/> \$649.75	45	<input type="checkbox"/> \$753.73	46	<input type="checkbox"/> \$854.46
Schaller Anderson (SA) EPO	SARP	37	<input type="checkbox"/> \$327.21	38	<input type="checkbox"/> \$649.75	39	<input type="checkbox"/> \$753.73	40	<input type="checkbox"/> \$854.46
UnitedHealthcare (UHC) EPO	UHRP	49	<input type="checkbox"/> \$327.21	50	<input type="checkbox"/> \$649.75	51	<input type="checkbox"/> \$753.73	52	<input type="checkbox"/> \$854.46
Arizona Foundation (AZF) PPO	AFRP	61	<input type="checkbox"/> \$565.21	62	<input type="checkbox"/> \$1,125.77	63	<input type="checkbox"/> \$1,224.52	64	<input type="checkbox"/> \$1,396.63
UnitedHealthcare (UHC) PPO	UHRP	55	<input type="checkbox"/> \$565.21	56	<input type="checkbox"/> \$1,125.77	57	<input type="checkbox"/> \$1,224.52	58	<input type="checkbox"/> \$1,396.63
PacifiCare Secure Horizons	PCRP	65	<input type="checkbox"/> \$258.02	66	<input type="checkbox"/> \$511.94	67	<input type="checkbox"/> \$738.34	68	<input type="checkbox"/> \$862.90
PacifiCare Secure Horizons	PCLP	90	<input type="checkbox"/> \$149.81	91	<input type="checkbox"/> \$295.52	92	<input type="checkbox"/> \$573.00	93	<input type="checkbox"/> \$604.74
<b>SANTA CRUZ COUNTY</b>									
RAN+AMN (HMA) EPO	HMRS	73	<input type="checkbox"/> \$327.21	74	<input type="checkbox"/> \$649.75	75	<input type="checkbox"/> \$753.73	76	<input type="checkbox"/> \$854.46
Schaller Anderson (SA) EPO	SARS	79	<input type="checkbox"/> \$327.21	80	<input type="checkbox"/> \$649.75	81	<input type="checkbox"/> \$753.73	82	<input type="checkbox"/> \$854.46
UnitedHealthcare (UHC) EPO	UHRS	85	<input type="checkbox"/> \$327.21	86	<input type="checkbox"/> \$649.75	87	<input type="checkbox"/> \$753.73	88	<input type="checkbox"/> \$854.46
Arizona Foundation (AZF) PPO	AFRS	77	<input type="checkbox"/> \$565.21	78	<input type="checkbox"/> \$1,125.77	79	<input type="checkbox"/> \$1,224.52	80	<input type="checkbox"/> \$1,396.63
UnitedHealthcare (UHC) PPO	UHRS	91	<input type="checkbox"/> \$565.21	92	<input type="checkbox"/> \$1,125.77	93	<input type="checkbox"/> \$1,224.52	94	<input type="checkbox"/> \$1,396.63
PacifiCare Secure Horizons	PCRS	95	<input type="checkbox"/> \$385.60	96	<input type="checkbox"/> \$767.10	97	<input type="checkbox"/> \$865.93	98	<input type="checkbox"/> \$1,032.50
PacifiCare Secure Horizons	PCLS	86	<input type="checkbox"/> \$223.10	87	<input type="checkbox"/> \$442.10	88	<input type="checkbox"/> \$646.30	89	<input type="checkbox"/> \$675.93
<b>OUT-OF-STATE</b>									
Beech Street PPO	BSRO	89	<input type="checkbox"/> \$612.29	90	<input type="checkbox"/> \$1,219.93	91	<input type="checkbox"/> \$1,379.57	92	<input type="checkbox"/> \$1,596.34
<b>NAU Only - Available in ALL Regions</b>									
Blue Cross/Blue Shield PPO	BCSR	95	<input type="checkbox"/> \$498.58	96	<input type="checkbox"/> \$997.42	97	<input type="checkbox"/> \$1,147.83	98	<input type="checkbox"/> \$1,347.08

I hereby certify that under penalty of perjury that the information provided in this application for health benefits is correct and true. I am aware that providing false information may subject me to a denial of health benefits, including false address, spouse, or dependent information, may subject me to disciplinary action, and potential prosecution pursuant to ARS Section 13-2310, 13-2311, 13-2407, 13-2702, and other applicable provisions of the law.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Return form to: ADOA Benefit Office, 100 N. 15th Ave., Suite 103, Phoenix, AZ 85007

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***We want to hear from you! Even if you do not make any changes to your benefits, we would appreciate your feedback:***

1. Overall how would you rate your satisfaction with the Open Enrollment process?

- \_\_\_\_\_ Excellent
- \_\_\_\_\_ Satisfactory
- \_\_\_\_\_ Needs Improvement
- \_\_\_\_\_ Unsatisfactory
- \_\_\_\_\_ No Opinion

2. If you enrolled online, how would you rate the ease of use of the online enrollment system?

- \_\_\_\_\_ Excellent
- \_\_\_\_\_ Satisfactory
- \_\_\_\_\_ Needs Improvement
- \_\_\_\_\_ Unsatisfactory
- \_\_\_\_\_ No Opinion

3. How would you rate the effectiveness of our Open Enrollment communications in preparing you for the Open Enrollment process (newsletters, benefit forms, Open Enrollment packet)?

- \_\_\_\_\_ Excellent
- \_\_\_\_\_ Satisfactory
- \_\_\_\_\_ Needs Improvement
- \_\_\_\_\_ Unsatisfactory
- \_\_\_\_\_ No Opinion

4. My Open Enrollment information arrived in time for me to complete a timely enrollment:

- \_\_\_\_\_ Strongly Agree
- \_\_\_\_\_ Agree
- \_\_\_\_\_ Disagree
- \_\_\_\_\_ Strongly Disagree
- \_\_\_\_\_ No Opinion

5. If you called ADOA Benefits Office for assistance, the call center staff satisfactorily answered your questions on the first call:

- \_\_\_\_\_ Strongly Agree
- \_\_\_\_\_ Agree
- \_\_\_\_\_ Disagree
- \_\_\_\_\_ Strongly Disagree
- \_\_\_\_\_ No Opinion

6. If you called the YES Help Desk for assistance, the staff satisfactorily answered your questions on the first call:

- \_\_\_\_\_ Strongly Agree
- \_\_\_\_\_ Agree
- \_\_\_\_\_ Disagree
- \_\_\_\_\_ Strongly Disagree
- \_\_\_\_\_ No Opinion